



APPLICATION FOR EMPLOYMENT

An Affirmative Action/Equal Opportunity Employer

Modern Treatment Healthcare Services
400 Main St. W. Suite 9, Valdese NC 28690

PERSONAL INFORMATION

DATE OF APPLICATION



Month Day Year

Name

Social Security Number

First Name Middle Name Last Name

Address

Alternate Address

Street Address

Street Address

Street Address Line 2

Street Address Line 2

City

State / Province

City

State / Province

Postal / Zip Code

Postal / Zip Code

Home Phone

Mobile Phone

Area Code Phone Number

Area Code Phone Number

Email

example@example.com

How did you learn about our company?

POSITION SOUGHT

Applying for

- Full Time
- Part Time
- First Shift
- Second Shift
- Third Shift

Desired Pay Range

Available Start Date



Month Day Year

Are you willing to work any day(s), shift(s), including nights, or overtime as assigned?

- Yes
- No

Are you currently employed?

- Yes
- No

Have you ever worked with individuals who have Mental Illness, Intellectual/Developmental Disabilities?

- Yes
- No

Have you ever been convicted of a criminal offense?

- Yes
- No

Have you ever been convicted of a Felony?

- Yes
- No

Misdemeanor?

Yes

No

Are there any pending charges against you?

Yes

No

If you answered yes to any of the above questions, provide details, including the nature of the crime, dates, and location the offense occurred. *(Record of charges or convictions do not necessarily disqualify applicants from consideration for employment).

I certify that I am a US Citizen, permanent resident, or a foreign national with authorization to work in the United States.

Yes

No

Do you have a Drivers License?

Drivers License #

Issued in what state?

Yes

No

Have you lived in the state of North Carolina for five consecutive years?

Yes

No

If you answered No to the above question, please list the state(s) of residence during the past five years.

EDUCATION

Name and Location Graduate? – Degree? Major / Subjects

High School

College or University

College or University

Graduate School

Specialized Training, Trade School, etc...

Other Education

Please list your areas of highest proficiency, special skills, Licenses, Certifications, or other items that may contribute to your abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list, beginning with most recent

Company Name

Address

Dates Employed

Phone Number

Job notes, tasks performed and reason for leaving

May we contact this employer?

Yes

No

Company Name

Address

Dates Employed

Phone Number

Job notes, tasks performed and reason for leaving

May we contact this employer?

Yes

No

Company Name

Address

Dates Employed

Phone Number

Job notes, tasks performed and reason for leaving

May we contact this employer?

Yes

No

Military Information

Have you ever been in the Armed Forces?

Yes

No

Service Branch

Date Entered



Month Day Year

Date Discharged



Month Day Year

Do you currently have obligations to the National Guard?

Yes

No

No Current Obligations

Yes

No

I authorize the release to Modern Treatment Healthcare Services (and any of its licensed agents), information held by parties regarding my previous employment, criminal history record, military records, driving record and scholastic records and hereby release said persons, schools, companies, government agencies, court and law enforcement agencies and authorities, from any damage whatsoever for releasing this information.

I certify that all information I have provided on this application is true and accurate. I understand that misstatements, omissions, or false or misleading statements which I have provided on this application, my resume and/or in interview(s) shall constitute grounds for refusal to hire or immediate termination from employment.

I understand that the terms and conditions of employment may be changed at any time without notice by the company. In consideration of employment with Modern Treatment Healthcare Services, I agree to comply with all the policies, procedures and requirements of Modern Treatment Healthcare Services. I understand this application and/or any policy, manual, handbook, or other written document describing such items do not constitute a written contract at this time or in the future. I understand my employment would be at-will and that my employment could be terminated at any time by either party, with or without cause and with or without notice. Any modifications of the at-will employment relationship, oral or written, can only be accomplished by a written document signed by Modern Treatment Healthcare Services owner.

I have read and understand the above.

Applicant's Signature Date

This employment application is current for 60 days. If you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Signature

Please return this application with:

Official sealed copy of your transcripts from school.

Copy of Social Security Card

Copy of Driver's License

Any Current licensure or trainings

2 References that we can Contact

Declaration Page from your Insurance Company (car insurance)

Please submit application to: kbarnes@moderntreatmenthealthcareservices.com